

PRIOR PAY PERIOD TIME ADJUSTMENT

06.02

Pay Period: \_\_\_\_\_

Personnel Area: \_\_\_\_\_

Personnel Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Section: \_\_\_\_\_

Time Administrator Number: \_\_\_\_\_

Time Administrator: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\*\*\*\*ORIGINAL ENTRY\*\*\*\*\*

\*\*\*\*\*CORRECT ENTRY\*\*\*\*\*

Day	Start Date	End Date	Hrs	Type	Cost Ctr	Sub-Obj	Rpt Cat	Hrs	Type	Cost Ctr	Sub-Obj	Rpt Cat

Comments: \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE ADJUSTMENT IS ACCURATE AND SUPPORTED BY APPROPRIATE DOCUMENTATION.

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: _____ Date: _____ Pay Period: _____
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